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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Zimbabwe

The Executive Director recommends that the Executive Board approve the country programme of Zimbabwe for the period 1992-1996 in the amount of $6,000,000 from general resources, subject to the availability of funds, and an amount of $6,500,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1990, will be contained in the "Summary of 1991 recommendations for general resources and supplementary funding programmes" (E/ICEF/1991/P/L.2).

THE SITUATION OF CHILDREN AND WOMEN

1. Since the economic boom of the early 1980s, the economy of Zimbabwe has been negatively affected by drought, the lack of private sector investment, unfavourable terms of trade, the displacement of labour through capital-intensive production and the lack of expansion in the productive sector. Real incomes and household consumption have remained static or have declined. Women - because of their low education levels and lack of integration - have low rates of employment in the formal sector. They hold the most economically insecure jobs and are underpaid. Child labour persists, to the detriment of children.

2. Destabilization activities by the Mozambican National Resistance Movement have necessitated continued strengthening of national security and protection of the trade route through Mozambique, with major consequences on the national budget. Mozambican refugees in Zimbabwe, fleeing Resistance Movement aggression and drought, now number about 180,000, 61 per cent of them women and young children; about half of the refugees have been integrated into communities along the border. Despite these problems, however, Zimbabwe continues to provide a good environment for child survival, protection and development programmes. The country has a parliamentarians/media committee on child survival, protection and development and a Child Survival and Development Foundation.

3. The 1980s witnessed substantial expansion in health facilities in rural areas (three quarters of the population is rural peasantry), in the training of health care workers and in the coverage of primary health care (PHC) activities. Nevertheless, access to and use of health care is still hampered by inequalities in the health system, exacerbated by the concentration of resources in the private sector, poor functioning of the referral system, limited use of PHC among the poorest households and limited expansion of health care to large-scale commercial farming areas, where the poorest peasant sector is concentrated. Universal child immunization (UCI) was achieved in 1988, pre-natal care coverage involves 90 per cent of pregnancies and health facility delivery rates are 64 and 92 per cent in rural and urban areas, respectively. The maternal mortality rate (MMR) dropped from 145 per 100,000 live births in 1980 to about 90 per 100,000 in 1987. The infant mortality rate (IMR) and the under-five mortality rate (U5MR) both declined significantly from early 1980, to 83 and 75 per 1,000 live births, respectively, in 1990.

4. Infection with the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) threatens to erode previous gains in the reduction of morbidity and mortality, to deprive children of parental care and to increase their socio-psychological and economic problems. Ministry of Health statistics show that 25 per cent of HIV-related morbidity is among children under 5 years of age, and 57 per cent is among young adults 20 to 40 years of age. The 1988 demographic survey revealed that child undernutrition, at levels ranging from 10 to 30 per cent, continues to underlie the incidence, severity and case fatality of childhood diseases,

particularly in children from one to five years of age. In rural areas, 11 to 22 per cent of children under five years of age live below the poverty line, compared with 2 to 6 per cent in urban areas. Nationally, in 1987, the average rate of low birth-weight caused by maternal undernutrition and poor foetal development was reported at 5.1 per cent, ranging from 1.6 per cent in a high density peri-urban area to 7.9 per cent in a rural area. These rates are low compared with the 10 to 11 per cent that some surveys report in urban areas.

5. The Government allocates substantial resources to education, the largest single item in the national budget. As a result, the number of primary schools has increased by 88 per cent, nearly doubling and tripling male and female enrolments, respectively, since independence. Secondary schooling has similarly expanded, with a sevenfold increase in the number of schools and a tenfold increase in enrolment. However, inflation and the introduction of school levies have reduced the ability of parents to maintain children at school. The drop-out rate has increased, with higher rates among girls and children from poorer households. Early childhood development activities have expanded, but facilities are inadequate, expensive for the poor, and staff are inadequately trained.

6. Substantial investment has been made in improving rural living conditions, particularly in the construction of ventilated improved pit (VIP) latrines and the development of safe water supplies. However, conditions in large-scale commercial farming areas continue to be poor, with no security of tenure for workers and their families, and little investment to improve social services. Economic developments have eroded the food and socio-economic security of wage earners and temporary labour on large-scale farms, of peasant households without adequate land or wage remittances and of households with below-poverty-level incomes.

PROGRAMME COOPERATION, 1987-1991

Primary health care

7. This integrated programme of maternal and child health (MCH) focused on the training of traditional midwives and village health workers (VHWs), the upgrading of rural health centres and clinics, the control of diarrhoeal diseases (CDD) and acute respiratory infections (ARI), the expanded programme on immunization (EPI) and the strengthening of the national health information system.

8. By the end of 1989, 80 per cent of rural health centres and clinics had trained over 17,000 traditional midwives. About 600 nurse midwives were also trained as trainers of traditional midwives. The project also prepared trainers to conduct pre-service and refresher courses for health workers, and produced training materials. The mid-term review revealed that, by the end of 1987, 1,250 VHWs had been trained (only a fraction of those planned), and 1,600 training kits and 1,000 bicycles had been provided. From 1987 to 1989, 43 new rural health centres were equipped and the health education unit was strengthened.

9. The CDD project objective was to teach mothers how to prevent, manage and treat diarrhoeal diseases, thus reducing diarrhoea-related morbidity and mortality. It was largely achieved, with improvements in the knowledge, management and use of sugar and salt solutions by mothers; reductions in severe dehydration among children suffering from diarrhoea and attending clinics; and reductions in the use of intravenous therapy and anti-diarrhoeal medicines. An oral rehydration therapy (ORT) training unit was established. The Ministry of Health will now undertake local packaging of full formula oral rehydration salts (ORS) for distribution to rural health centres and the community, while continuing with studies on a maize porridge formula. By 1989, the ARI programme was established in all districts as an integral part of PHC, prevention and management workshops were conducted and community education materials produced. Case assessment and management charts, as well as a manual were also produced and used.

10. The EPI project objective, to make immunization available to all infants and pregnant women through strengthening the delivery system, increasing awareness of EPI and carefully monitoring implementation and effectiveness of immunizations, was largely achieved in 1988. About 80 per cent coverage, antigen by antigen, was recorded among children aged 12 to 23 months. Fully immunized coverage was 79 per cent. Coverage of pregnant women with two doses of tetanus toxoid vaccine was 54 per cent in 1989. One of the major achievements of the national health information system was the establishment of a disease surveillance system for neonatal tetanus, measles and polio myelitis, a prerequisite for eradicating these diseases. The Statistics Unit of the Ministry of Health was strengthened, a manual on the health information system was produced and the posts of national coordinator and provincial statisticians were established. The project, however, lacks equipment and adequate staffing at the district level.

Nutrition

11. As part of policy development, a multisectoral approach to nutritional issues was adopted, with major emphasis on food accessibility at the household level, and preparations for a food and nutrition policy were started. Growth monitoring continued, as did the promotion of breast-feeding, with 1989 coverage at 95, 82 and 52 per cent at 6, 12 and 18 months, respectively. A survey of iodine deficiency disorders (IDD) was conducted and a national committee on the control of IDD was formed.

Water supply and environmental sanitation

12. The technology to sink deep wells was successfully demonstrated and guidelines were developed. A water division training unit was established, training programmes were developed and three technical manuals were completed. Once supervisors were trained and water committees established, the construction of 165 wells was undertaken (in excess of the target of 150), and 107 wells were upgraded, for which pump-minders, district extension officers and caretakers were trained and equipped. The rural sanitation project successfully trained 151 unemployed youths by 1989 as latrine

builders, and about 1,634 latrines were constructed, more than 50 per cent above target. With a research institute, a study on a simple device to facilitate hand washing after latrine use was undertaken. Major constraints included the difficulties of supervising a project spread over three distant districts, initial resistance by communities to construct unfamiliar structures and scarcity of cement.

Basic education

13. The objectives were to promote child-centred learning through the effective use of curriculum materials and the training of teachers. Some 42 titles on family life and nutrition education were produced. About 20,000 copies of a booklet on the design and production of learning aids and devices were produced and about 2,000 education officers and 345 teachers were trained in its use. About 22,600 copies of nutrition text books and teachers' guides were also produced. About 1,280 headmasters underwent a one-week course in effective curriculum and pedagogic approaches to child-centred learning. Some 40 lecturers and education officers involved in student-teacher supervision and the production of distance education modules attended a national orientation workshop, and 900 college lecturers, headmasters, education officers and teachers attended regional workshops. Activities were undertaken to develop a national literacy and post-literacy programme encompassing PHC, agriculture and education elements. The community and women's education component aimed at training ward community coordinators to assist village community workers, who would then help villagers to identify needs and undertake projects in health, sanitation, rural enterprises, food production and nutrition. Over 75,000 illiterates were enrolled, and two courses for 71 district coordinators were conducted. A provincial literacy writers' workshop produced 22 manuscripts, of which eight were printed. About 12,000 Shona and Ndebele primers, 1,120 Shona and Ndebele tutors' guides and 22,000 numeracy primers and tutors' guides were produced.

National household survey programme

14. The objective was to help train staff and establish an adequate capacity for the timely processing, analysis and dissemination of data for planning socio-economic sector programmes and to establish a system for monitoring social development programmes. Surveys on literacy, labour force, income consumption and expenditure, demography and health and agriculture and livestock were all completed with the assistance of UNICEF and other agencies.

Mozambican refugees

15. The programme covered PHC services, sanitation, water supply, education, skills training for women, adult literacy and pre-school education. Problems of inadequate health services, malnutrition, poor sanitation and high illiteracy rates among children and women in refugee camps have not been adequately addressed owing to financial limitations, with only 15 per cent of the required supplementary funding available.

RECOMMENDED PROGRAMME COOPERATION, 1992-1996

Recommended general resources: $6,000,000
Supplementary funds: $6,500,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Primary health care and nutrition	1 250	1 700	2 950
Water supply, sanitation and hygiene	1 000	1 500	2 500
Women in development	800	750	1 550
Education	1 750	1 300	3 050
Communications and advocacy	250	250	500
Planning and social statistics	250	-	250
Programme support	700	-	700
Mozambican refugees	-	1 000	1 000
Total	6 000	6 500	12 500

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

16. The proposed country programme focuses on health and nutrition, water supply and sanitation, support to women and basic education. These are supported by a programme to strengthen planning and social statistics and a programme for social mobilization. Mozambican refugees will continue to receive assistance. Most support will go towards national programmes, with a focus on strengthening national capacity to mobilize, plan and deliver services and to achieve sustainability. Special emphasis will be placed on mobilizing rural communities and assisting them in identifying problems, planning how to solve them and providing key inputs for implementing and monitoring selected major activities. To this end, the establishment of area-based activities in selected rural communities, especially in large-scale commercial farming areas, will be explored.

Health and nutrition

17. The objectives include reducing, by 1996, MMR from the 1990 level of 90 to 75 per 100,000 live births; perinatal mortality from the 1990 level of 30 to 25 per 1,000 live births; IMR from the 1990 level of 53 to 44 per 1,000 live births; and U5MR from the 1990 level of 75 to 63 per 1,000 live births. In addition, the programme aims to reduce (a) tuberculosis incidence among children under five years of age by at least 50 per cent of the 1990 level; (b) mortality caused by measles by at least 50 per cent of the 1990 level; (c) mortality from pertussis by at least 50 per cent of the 1990 level; (d) morbidity and disability from polio myelitis by 100 per cent of the 1990 level; and (e) neonatal mortality by at least 50 per cent of the 1990 level. The reported diarrhoea case fatality rate in children under 11 months is to be reduced from the 1990 level of 5.6 to 2.8 per cent, and the unreported under-five case fatality rate associated with diarrhoea case mismanagement in communities and rural health centres is to be reduced from 15 to 7.5 per cent.

Safe motherhood

18. The objectives are: (a) to promote early registration for pre-natal care, at 12 weeks of pregnancy, and a minimum of four pre-natal-care visits by 90 per cent of pregnant women; (b) to have 90 per cent of all deliveries supervised by a trained health worker; (c) to increase the proportion of home deliveries assisted by trained traditional midwives from the 1990 level of 30 per cent to 45 per cent, especially in commercial farming areas; and (d) to increase the proportion of women receiving post-natal care six to eight weeks following a home delivery from the 1990 level of 40 per cent to 80 per cent by 1996. Obstetric equipment will be supplied to rural health centres not covered by the family health project. Staff will be trained to improve the management of deliveries and care of the newborn to reduce referrals. A community education programme involving health personnel, village community workers, adult literacy classes and social mobilization will improve women's awareness about poor perinatal health status and how to improve it. Village community workers and traditional midwives will mobilize pregnant women for early and regular pre-natal visits. Studies will be undertaken to explore cultural beliefs relating to early pre-natal care and to design appropriate measures. For effective monitoring of MCH activities (especially tetanus toxoid immunization status), the Ministry of Health will give mothers' cards to all women of child-bearing age and hold workshops on their use. Training to upgrade traditional midwives will be supported by the family health project.

19. Programmes for women and families at risk of AIDS and non-governmental organizations (NGOs) such as the Women's AIDS Support Network, Zimbabwe AIDS Control Programme and the Paediatrics Department of the University of Zimbabwe will be supported. The Health Education Unit of the Ministry of Health will be assisted in producing HIV/AIDS health education materials targeted at pregnant women attending MCH clinics. In collaboration with the Curriculum Development Unit, the development and production of family life education materials for the in-service training of teachers will be assisted. Messages on the prevention of sexually transmitted diseases (STDs), including HIV/AIDS,

will be incorporated into the teacher-training syllabus so that teachers can impart this information to their students. Support will be provided for in-service training of district workers in the counselling skills necessary for successful implementation of community or home-based HIV/AIDS care, including care of AIDS orphans and potential AIDS orphans.

Expanded programme on immunization

20. The objectives are to achieve and sustain infant immunization coverage of 98 per cent for tuberculosis, 90 per cent for measles, 90 per cent for diphtheria/pertussis/tetanus, 90 per cent for polio myelitis and 75 per cent coverage for tetanus among women of child-bearing age by 1996. From 1992, the family health project will provide logistics support for outreach services. Since the cold chain is adequate, only buffer stock replacements and repair tool kits for all districts will be provided. Equipment to sterilize syringes and needles will be provided for new rural health centres. The Ministry of Health plans to assume gradually responsibility for the purchase of vaccines. Personnel development, including workshops for mid-level managers, community workers and cold-chain technicians will be supported with technical assistance from the World Health Organization (WHO). EPI sustainability will be enhanced by the Governments undertaking to provide child health cards that were previously provided by UNICEF. UNICEF and WHO will continue to support Ministry plans to accelerate the vaccination of all women of child-bearing age. An EPI coverage survey is planned for 1990, and major health reviews will take place in 1992 and 1994.

Control of diarrhoeal diseases and acute respiratory infections

21. The objectives include strengthening CDD district training units, increasing children's access to ORT and improving the training of staff in ORT. While a CDD advisory committee examines the issue of full formula ORS, the Health Education Unit will be assisted in intensifying its efforts to prevent diarrhoea, with an emphasis on breast-feeding; frequent administration of fluids during diarrhoea; hygiene education, including the promotion of VIP latrine construction; and the use of protected water sources. ARI is the major cause of reported child morbidity and mortality. The underlying causes are related to poverty and include poor ventilation. UNICEF, therefore, will assist with the production of flip charts in local languages to discourage harmful practices in the home management of ARI. District training units will provide training both in CDD and ARI to village community workers and others. In collaboration with the National Health Information System and Central Statistics Office, they will also be responsible for programme monitoring and evaluation.

Food and nutrition

22. The objectives of the national nutrition surveillance system are to establish an institutional food and nutrition surveillance system that will effectively monitor and evaluate the nutritional situation of children; to establish a community-based growth monitoring programme in at least one

district; and to ensure that by 1996, 90 per cent of children, by their second year of life, are regularly monitored for growth four times a year, an increase from twice a year in 1988. These objectives will be achieved by incorporating appropriate nutrition indicators into the food early warning system; developing educational materials and promoting their use at the community level; supporting training programmes for health personnel; using growth monitoring data at the community level to plan and develop nutrition projects; and providing supplies and equipment for community-based growth monitoring. The objectives of the infant and child feeding project are to promote exclusive breast-feeding during the first four months of life and to reduce the percentage of mothers who stop breast-feeding completely when a child has diarrhoea. Close collaboration with provincial and district food and nutrition management teams will be maintained to achieve these goals. Social mobilization at all levels will be supported and extension staff will be trained on better child feeding practices.

National health information system

23. The system will ensure that health information needed for planning, management, monitoring, evaluation and research is available at all levels. At the rural health centre level, village community workers, traditional midwives and similar cadres report on all health delivery activities in the catchment area. These data are well analysed and used at the national level, but training workshops and supervisory visits will need to be organized to ensure that all levels develop the skills necessary to analyse and use data.

24. The health and nutrition programme will be monitored by MCH coordinators at national, provincial and district levels, and at the community level, by rural health centre staff (or health committees in the commercial farming areas). Monitoring and evaluation will consist of routine reporting; sentinel surveillance; disease-specific morbidity, mortality and treatment surveys; annual district health reports; and a comprehensive programme review in 1994. Quarterly and annual programme reviews will be conducted, and in collaboration with the Ministry of Education and Culture, an impact evaluation of schools' PHC competitions will be undertaken.

Communication and health education

25. Communication and health education activities will be supported, including annual health awareness weeks and the development and promotion of materials on child-feeding practices and nutrition during pregnancy. To determine what health education materials need to be reproduced and updated, existing materials will be inventoried.

Water supply and sanitation programme

26. The programme will ensure that safe water supply and excreta disposal are accessible to people in selected communities and promote hygiene education. Programme objectives to be achieved by 1996 are: (a) to reduce the percentage of faulty public hand-pumps from an estimated 20 per cent in 1990 to an

average of less than 5 per cent; (b) to increase the percentage of households with VIP latrines in communal farming areas from 25 per cent in 1990 to 45 per cent; and (c) in at least 40 districts, to increase to 90 per cent the proportion of women of child-bearing age who have a minimum level of knowledge of safe hygiene practices. It is anticipated that 1.1 million women of child-bearing age will attain a minimum level of hygiene knowledge and, overall, 5.5 million people will benefit. Each district will identify an environmental health technician to be trained in participatory education techniques and to be responsible for hygiene education.

27. Baseline surveys will be conducted by provincial health education staff to identify poor hygiene behaviours and appropriate health education packages will be developed. Using the packages, workshops will be conducted at the interministerial provincial, district and ward levels for water and sanitation personnel on better hygiene practices, team building, participatory education, management and technical education. Workshops will also be organized for ward health committees on management, planning, training and evaluation techniques. The ward health teams will organize courses explaining the role of water point committees to village development committee members, village community workers, traditional midwives and local leaders. These community figures will then select and train water point committees, who will have responsibilities such as maintaining pumps and educating families about hygiene. To monitor and evaluate this programme, quarterly and annual reviews will be conducted, a national hygiene education symposium will be held every two years and a health impact evaluation will be conducted in 1994.

Women's programme

28. The entire country programme deals with gender issues. The women's programme will focus specifically on improving women's status and their opportunities for entrepreneurial activity in rural and high density urban areas. The objective is to increase their access to credit and appropriate technology, through information dissemination and development of marketing facilities. The Ministry of Community and Cooperative Development and the Department of Women's Affairs will jointly support programme activities. For sustainability, the programme will build on, support and extend existing initiatives for women. Workshops on awareness-building will be held at provincial, district, ward and village levels for women to identify their problems and ways to solve them. Training materials will be prepared based on national, regional and local resources. Training and skills development of extension cadres for support to women entrepreneurs will be undertaken at community level and will cover techniques for assessing potential entrepreneurs and viable projects.

29. The development and production of appropriate manuals and training materials to enable women to identify and analyse economically viable investment opportunities within their communities will be assisted. Support will be made available for the improvement of training and skills development of the extension staff of the Ministry of Community and Cooperative Development and representatives of the Department of Women's Affairs, in close

collaboration with the International Labour Organisation, the World Bank and the United Nations Development Fund for Women. In the first year of the programme, extensive project preparations will be made.

Basic education

30. Building on government achievements in education, and in line with the Jomtien Declaration on Education For All, the programme will concentrate government, community and NGO resources to provide basic education for all, with priority for children and women in the rural areas. The overall objectives include the establishment of a national early childhood development system, with special emphasis on rural areas; elimination of illiteracy by the year 2000; finalization of a curriculum that promotes productive values, skills and knowledge, and empowers children and women to participate effectively in life; and preparation of well-trained teachers, who will contribute to community life and development efforts. The programme will be implemented by the Government, in close collaboration with extension workers in relevant NGOs and church organizations.

Curriculum development

31. The objectives are (a) to improve the quality of education by promoting a stimulating learning environment at home and in the school; (b) to improve the health of the child by disseminating knowledge and skills on health, nutrition and family life; and (c) to enrich the role of women in society by involving mothers in health, nutrition and family life education. Project activities will include family life education to teach children how to avoid teenage pregnancy and STDs, especially AIDS, and will emphasize school/home cooperation to create an environment conducive to learning. Children will also be encouraged to take responsibility for themselves, their peers and siblings in areas of health, nutrition and general education. Teachers will be assisted in making low-cost effective learning and teaching aids. Home economics classes will provide knowledge and skills on food, nutrition, home maintenance, health and safety. Reading materials for children in disadvantaged areas will also be provided.

32. These sub-components will be implemented in close collaboration with the Ministries of Education and Culture, Higher Education, Health and Community and Cooperative Development, and with NGOs. Emphasis will be placed on the provision of relevant materials and the orientation of education officers, school heads and teachers during national, regional and district workshops. Manuals and other educational materials will be reproduced and distributed, and support will be provided for the minimal logistics necessary for supervision, monitoring and evaluation.

Teacher education

33. The objective is to improve the quality of education through the reduction of the teacher-student ratio, the preparation of well-trained teachers and quality instructional and distance education materials, improved

monitoring and supervision and periodic evaluations. Activities will follow a multifaceted research study involving the implementing organizations. Workshops will be organized covering administration and leadership, distance education, supervision and evaluation techniques, and modules will be produced and printed during writing sessions every term. Each school holiday, in-service courses for underqualified teachers will be conducted. This component will be evaluated every two years.

Adult literacy

34. Following the Jomtien declaration, Zimbabwe has embarked on an aggressive adult literacy and basic education programme with the following objectives: (a) mobilizing and enrolling about 250,000 illiterate adults (85 per cent of them women) for literacy classes every year; (b) training about 5,000 new literacy tutors; (c) organizing teachers' and supervisors' workshops in each district on how adults learn and the best way to teach them; (d) improving project organization and supervision by training 110 district literacy coordinators; and (e) increasing available educational materials by organizing workshops for material development, and reviewing and reprinting literacy and numeracy books. Each primary school will appoint a teacher to be responsible for adult literacy and mass education activities, mobilize people and establish classes of at least 20 illiterates per year. Companies, parastatals and other large employers will also participate by providing physical facilities, allowing time for classes at work and providing remuneration for tutors and mass organizations, including the ruling party, will mobilize people and monitor progress. The Government will meet the biggest share of implementation costs and solicit support from other donors. UNICEF resources will be utilized to conduct workshops for 55 literacy teachers per year, to develop and produce educational materials, to provide logistics support and to assist an annual evaluation exercise.

Early childhood development

35. The objectives are to provide young children with a solid educational foundation by concentrating on all aspects of child development; to provide health care and hygiene education for children; and to introduce a stimulating and caring environment that enables children to learn and develop through play. Support will be provided to create awareness about early childhood development to 1,200 district education officers and headmasters; to develop a limited number of early childhood development centres next to teacher-training colleges; to develop and produce early childhood development books; to strengthen supervisory capacity through logistics support; and to monitor and evaluate the programme, with a major review to be held in 1994.

Mozambique refugee programme

36. Following a needs assessment mission, this programme will support: (a) the reduction of infant and child morbidity and mortality resulting from inadequate PHC services, poor nutrition and lack of hygiene education; (b) basic education activities for children; (c) literacy activities to teach refugees basic reading, writing and numeracy skills in their own language so

they can benefit from basic child survival, protection and development information; and (d) basic care and stimulation of young children, thus contributing to their socialization and development.

37. The PHC component will assist the Office of the United Nations High Commissioner for Refugees (UNHCR) in improving children's health and nutrition by strengthening established health services; transporting patients referred to hospital; strengthening the cold chain; supporting the training of village community workers and traditional midwives; providing educational materials on safe delivery and better hygiene; and constructing an estimated 1,500 VIP latrines. Preventing the transmission of malaria, hyperendemic in Mozambique, will be a focus, as will treating children and women suffering from it. In primary education, health, nutrition and family life education topics will continue to be incorporated into the curriculum, supported by educational materials obtained from Mozambique. The training of Mozambican literacy tutors will continue, and at least two pre-school teachers for each pre-school will be trained. Support will be provided through the Ministry of Health, the United Nations High Commissioner for Refugees and UNHCR, and close collaboration with NGOs will be maintained at the field level. To monitor implementation, quarterly visits to refugee camps will be undertaken and a major review will be conducted in 1994.

Planning and social statistics

38. The objective is the timely provision of quality data for planning purposes. Major activities will include surveys on health and nutrition, health actions and utilization of services, and income, consumption and expenditure. Staff training, the mid-term review in 1994 and impact evaluations of sectoral programmes will also be supported.

Social mobilization programme

39. The objectives are to elicit the commitment of the Government, NGOs and individuals to policies and programmes to improve the lives of children and women; to advocate for disadvantaged children and women; to encourage communities to engage in activities that contribute to the development of children and women; and to increase people's awareness of children's and women's problems. Activities will be targetted to mass organizations and to all media, channelled through radio and television, as well as through articles in papers and magazines. Workshops based on Facts For Life will be organized at various levels and copies of Facts For Life in local languages will be distributed widely. The development of information and educational materials based on Facts For Life will be supported and effective community change agents will be identified. Measurable indicators for monitoring and evaluation will be determined and a knowledge, attitude and practice survey will be conducted in 1994 to assess progress.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Zimbabwe (1989 and earlier years)

UNICEF country classification

Under-five mortality rate	90	(1989)	High U5MR
Infant mortality rate	63	(1989)	High IMR
GNP per capita	$ 650	(1988)	Lower-middle GNP
Total population	9 million	(1989)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1989
Births	(thousands)	262	301	342	380
Infant deaths (under 1)	(thousands)	25	24	24	24
Under-five deaths	(thousands)	40	35	41	34
Under-five mortality rate (per 1,000 live births)		154	116	121	90
Infant mortality rate (under 1) (per 1,000 live births)		97	81	71	63

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1988)	Moderate & severe	..	12a/
	Severe	..	2a/
Babies with low birth weight (%, 1979/1987)		15	..
Children completing primary level (% of first grade, 1980/1986)		..	74

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1985)		../../..	98/ 96/ 84
Prevalence of wasting (%, 1980/1988)		..	2b/
Prevalence of stunting (%, 1980/1988)		..	31c/
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)		90	89
Food production per capita index (Index 1979-1981=100, 1980/1989)		91	94
Household expenditure (% of total income, 1980-1985)	All food/cereals		40/ 9

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1987-1988)			26
Access to health services	Total	..	71
(% of population, 1980/1987)	Urban/rural	../..	100/62
Access to safe water	Total	52d	..
(% of population, 1980/1987)	Urban/rural	../..	../32
Access to adequate sanitation	Total	..	..
(% of population, 1980/1987)	Urban/rural	../..	../15
Births attended by trained personnel (%, 1980/1984?)		37	69
Maternal mortality rate (per 100,000 live births, 1979/1987)		480	..

Immunization		1981	1985	1988	1989
One-year-olds (%) immunized against:	Tuberculosis	64	76	89	82
	DPT	39	63	79	79
	Polio	38	63	79	79
	Measles	56	53	75	75
Pregnant women (%) immunized against	Tetanus	..	40	22	54

TABLE 1 (continued)

Zimbabwe

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	88/ ..	128/ ..
(%, 1980/1988)	Male	../ ..	130/ ..
	Female	../ ..	126/ ..
Secondary enrolment ratio (gross/net)	Total	8/ ..	51/ ..
(%, 1980/1988)	Male	../ ..	60/ ..
	Female	../ ..	42/ ..
Adult literacy rate, 15 years & older	Total	55	62
(%, 1970/1985)	Male/female	63/ 47	70/ 55
Radio/television sets			
(per 1,000 population, 1980/1988)		../21	85/22

DEMOGRAPHIC INDICATORS		1970	1980	1985	1989	2000**
Total population	(millions)	5.3	7.1	8.3	9.4	13.1
Population aged 0-15 years	(millions)	..	3.6	6.0	4.5	6.0
Population aged 0-4 years	(millions)	..	1.3	1.5	1.7	2.1
Urban population (% of total)		17	22	25	27	35
Life expectancy at birth	Total	50	55	57	59	64
(years)	Male	49	53	55	57	63
	Female	52	57	59	61	66
Total fertility rate		7.4	6.4	6.0	5.7	4.6
Crude birth rate (per 1,000 population)		50	43	42	41	35
Crude death rate (per 1,000 population)		16	12	11	10	7

		About 1980	Most recent
Contraceptive prevalence rate		14	43
(%, 1979/1988)			
Population annual growth rate	Total	3.1	3.1
(%, 1965-1980/1980-1989)	Urban	7.5	5.5

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		1.7	-1.0
(%, 1965-1980/1980-1988)			
Inflation rate (%, 1965-1980/1980-1988)		6	12
Population in absolute poverty	Urban/rural	../..	../ ..
(%, 1977/1988)			
Household income share	Top 20%/bottom 40%	../..	../ ..
(%, 1977/1988)			
Government expenditure	Health/education	5/ 16	8/ 22
(% of total expenditure, 1980/1988)	Defence	25	16
Household expenditure	Health/education		../ 8
(% of total income, 1980-1985)			
Official development assistance:	SUS millions	164	270
(1980/1988)	As % of GNP	3	4
Debt service			
(% of goods & services exports, 1980/1988)		3	25

a/ Aged 3-60 months.

b/ Aged 3-36 months.

c/ aged 24-60 months.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1987-1990

(In thousands of United States dollars)

COUNTRY: ZIMBABWE
LATEST BOARD APPROVAL: 1987
GENERAL RESOURCES: $6,150,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	1716	1249	151	34	72	268	228	246	2167	1797	3964
Water supply and sanitation	300	369	27	1	281		89	448	697	818	1515
Nutrition	161		94				57		312		312
Education	377	260	84	35		36	141	283	602	614	1216
Community organization and development	282	1	12	20			68		362	21	383
Women-centred programme	146		13				10		169		169
Advocacy		43					2	25	2	68	70
Emergency	58	311	2	19				62	60	392	452
Planning and project support	127	39	9		558	34	209	165	903	238	1141
Freight	321								321		321
GRAND TOTAL	3488	2272	392	109	911	338	804	1229	5595	3948	9543

GR = General resources.
FSF = Funded supplementary funding.

/...

TABLE 3. PLANNED EXPENDITURE, 1992-1996

(In thousands of United States dollars)

Country: ZIMBABWE Period covered: 1992-1996	Funding status	1992	1993	1994	1995	1996	Total
Health	GR	200	200	200	200	200	1000
	NSF	240	240	240	240	240	1200
Water supply and sanitation	GR	200	200	200	200	200	1000
	NSF	300	300	300	300	300	1500
Nutrition	GR	50	50	50	50	50	250
	NSF	100	100	100	100	100	500
Education	GR	350	350	350	350	350	1750
	NSF	260	260	260	260	260	1300
Women-centred programme	GR	160	160	160	160	160	800
	NSF	150	150	150	150	150	750
Social mobilization and advocacy	GR	50	50	50	50	50	250
	NSF	50	50	50	50	50	250
Planning and social statistics	GR	50	50	50	50	50	250
Programme support	GR	140	140	140	140	140	700
Assistance to Mozambique refugees	NSF	200	200	200	200	200	1000
TOTAL	GR	1200	1200	1200	1200	1200	6000
	NSF	1300	1300	1300	1300	1300	6500
GRAND TOTAL		2500	2500	2500	2500	2500	12500

GR = General resources.
NSF = New supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: ZIMBABWE	Number of posts	Amount (thousands of United States dollars)
FINANCED FROM 1992-1993 PROPOSED BUDGET:		
International Professional established posts	3	634
Local national Professional and General Service established posts	10	432
Operating costs		680
Total	13	1746
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	3	655
Supplementary funds		
Local national Professional and General Service project posts		
General resources	15	540
Supplementary funds		
Total	18	1195

a/ For information source, see 1992 post authorization table, dated January 1991.